

2016 NATIONAL DRUG CONTROL STRATEGY—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 115-5)

The SPEAKER pro tempore (Mr. DUNN) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on the Judiciary, Committee on Agriculture, Committee on Armed Services, Committee on Energy and Commerce, Committee on Education and the Workforce, Committee on Financial Services, Committee on Homeland Security, Committee on Oversight and Government Reform, Committee on Foreign Affairs, Committee on Natural Resources, Committee on Transportation and Infrastructure, Committee on Ways and Means, Committee on Veterans' Affairs, and the Permanent Select Committee on Intelligence and ordered to be printed:

To the Congress of the United States:

I am pleased to transmit the 2016 *National Drug Control Strategy* summarizing the accomplishments of my Administration's 21st century approach to drug policy and opportunities to continue to reduce the burden of substance use in the United States. My Administration released its first *Strategy* in 2010 with a commitment to use the best available science and to consult broadly to develop a balanced and comprehensive approach to drug policy that incorporates both public health and public safety approaches to address this complex problem.

We set aggressive goals to reduce drug use by 2015 and though the results of our efforts are mixed, we have seen progress in reducing drug use and in cooperation both nationally and internationally. As a Nation we exceeded our goals for reducing alcohol and tobacco use among youth and for reducing the number of new HIV infections attributable to drug use. We have been less successful in reducing illicit drugs in youth and young adults as well as reducing the number of drug-induced deaths and driving while drugged. We also face serious challenges including an epidemic of opioid use and overdose deaths as well as growing threats from drug trafficking organizations involved in manufacturing and distributing cocaine and synthetic drugs, including novel psychoactive substances. These threats may continue to have an impact on drug use across lifespans, particularly chronic drug use and its consequences that contribute to poor academic performance, crime, underemployment, lost productivity, and health care costs, all of which threaten families and communities.

My Administration has consistently sought a broad coalition of partners to provide input into the development and enhancement of the *Strategy* during the past 7 years. We have invested in science to better understand the nature of addiction and inform the prevention

and treatment of addiction and support services to help maintain recovery in the community. We have sought to use medical terms and non-stigmatizing language when discussing substance use disorders, and those who suffer from this disease. Our support for law enforcement has led to significant outcomes in taking down drug trafficking organizations and removing millions of pounds of drugs from the market. And our work with our international partners has been instrumental in our allies' increasing regulation of chemical precursors to synthetic drugs and reducing their movement across the globe. Throughout my Administration, we have used the best available evidence to balance the Nation's public health and public safety and drive collaborative efforts to create healthier, safer, and more prosperous communities.

The Nation's work in reducing drug use and its consequences is not done and there are many opportunities for advancing efforts to address ongoing and emerging challenges. I thank the Congress for its continued support of our efforts and ask that you continue to support this vital endeavor.

BARACK OBAMA.

THE WHITE HOUSE, January 11, 2017.

□ 1900

THE PEOPLE'S NIGHT:
OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from North Carolina (Mr. WALKER) is recognized for 60 minutes as the designee of the majority leader.

Mr. WALKER. Mr. Speaker, tonight is our third time that we have hosted People's Night. This is a time for our Members to bypass outside forces and influences and talk directly to the American people.

Tonight we are presenting something that has been very important, not just a topic, but something that nearly 6 years ago—or a little over 6 years ago—right here where we stand tonight was passed in an overly bipartisan manner and has burdened the American people in what is now known as ObamaCare, the Affordable Care Act.

This is a piece of legislation that has burdened small businesses and individuals alike. Now we have been asked to fix it, to repeal and to replace. Well, it takes Members to be able to have experience in this particular field to understand the heart of community. One of the people who does that most, specifically in the area of poverty initiatives, who reaches across community lines, reaches across party lines is the gentleman from Kentucky, my good friend, Representative ANDY BARR from Kentucky. I yield to the gentleman from Kentucky (Mr. BARR).

Mr. BARR. Mr. Speaker, I thank my friend, the gentleman from North Carolina, for his leadership not only of the

Republican Study Committee as the new chairman—and I welcome you as the new chairman of the Republican Study Committee—but for his leadership on issues related to the importance of repealing this disastrous law that is making life harder on the American people; and not just repealing it, but replacing it with policy ideas that put power back in the hands of patients, their families, and their doctors instead of driving up costs, forcing people to lose their healthcare plans, forcing the government to ration health care. We need a better way.

I am proud to say that we are supporting not just repealing ObamaCare here tonight, but bringing to the American people some constructive, positive ideas that will make life easier for them and improve their lives through better patient-centered health care.

Mr. Speaker, Kentucky was once portrayed by President Obama, a red State, as a model of the implementation of ObamaCare. Yet, every day in Kentucky, in my district in central and eastern Kentucky, I hear stories from families and small businesses and individuals who have been hurt by this disastrous law.

Now, over the next few weeks, as President-elect Trump comes into office and as this Congress revisits the issue of healthcare reform, I expect we will hear from our friends on the other side of the aisle, arguments like “Don't repeal ObamaCare. We have 20 million new Americans who have insurance.”

But that statistic needs to be scrutinized because the truth of the matter is ObamaCare forced people to lose their health care. In many cases, and in Kentucky as an example, many of my constituents lost high-quality, private, commercial health insurance through their workplace, and millions of Americans received cancellation notices in the mail. Their small employers told them that they were going to have to change their health plans because of this law.

So not only do we see now skyrocketing costs for those who currently have health insurance, but many Americans who our friends on the other side of the aisle say now are insured or covered, these are folks who lost their health insurance before.

What happened?

They lost high-quality, job-based health insurance, and so they were forced into these exchanges. In Kentucky it was called Kynect. In many cases, they went to the cheapest plan available, which happened to be Medicaid. Well, my fellow Americans, access to a waiting line is not access to health care. Unfortunately, Medicaid is oftentimes access to a waiting line, and it is not access to true health care.

President Obama's promise that his healthcare law would help people has not turned out to be the case. In terms of cost, remember, this is called the Affordable Care Act, but it is anything but affordable because even though he promised that premiums would decline

by \$2,500 a year for the average family, premiums have actually increased for hardworking Americans. Premiums have increased for 11 million people, according to a report by the Centers for Medicare & Medicaid Services. Millions of Americans, as I said before, lost previous coverage or had to change doctors due to this disastrous law.

Take, for example, Laura in my congressional district in Kentucky. Laura is a young mother who had a baby girl, Catherine. Catherine was diagnosed with a congenital heart defect, ventricular septal defect at birth, which is basically a hole in the wall of the heart. They needed high-quality pediatric cardiology to help Catherine. So they got a specialist at Boston Children's Hospital. Of course, a long way away from Kentucky, but they wanted the best, of course, for their daughter. When ObamaCare went into effect, unfortunately they lost their job-based health insurance that allowed them to access these specialists up in Boston for Catherine. The result was, they lost their doctor.

What do you think a young mother and a young father are going to do in that situation?

Guess what, they had to find a very expensive policy to cover a Boston surgeon out of network out of State, and so their costs skyrocketed.

This is the kind of thing that was happening to millions of Americans as a result of ObamaCare.

Look, ObamaCare obviously reduced choice and competition. There are now only three plans participating in the ObamaCare exchange in Kentucky, one of which covers a full 78 percent of the State's individual marketplace enrollees. In many States there is only one plan on the exchange. This has left too many families with no choice but to purchase high-deductible, high-premium coverage. In Kentucky, insurance plans have been forced to raise premiums by 23 percent in 2017 alone.

There is a better way, and the better way is healthcare reform that is focused on the patient, not putting bureaucrats in charge, not taking away choices, not driving up costs, not creating narrow networks for people, not forcing people out of their high-quality private health insurance into government-run health care, but, instead, empowering patients to access more affordable private coverage.

And one of the ways we can lower the cost of health care, make it more affordable for people to access high-quality private health insurance, is medical malpractice reform.

Frivolous lawsuits, junk lawsuits, have driven up the cost of health care in this country significantly. One of the fatal flaws of ObamaCare is that it never addressed this cost of healthcare inflation.

Over the course of their careers, it is estimated that 75 percent of all physicians will face a malpractice claim. Now, to be sure, some of those cases of medical negligence are legitimate.

And, of course, those plaintiffs should be able to fully recover damages for those cases of genuine actual malpractice. But for these frivolous lawsuits, that is driving up the cost of care. The fact that ObamaCare never even dealt with that issue is a fundamental flaw in the previous efforts to reform our healthcare system.

So I am a proud cosponsor of the Republican Study Committee's America Health Care Reform Act. In the American Health Care Reform Act is legislation that I introduced with Senator BARRASSO called the Saving Lives, Saving Costs Act. This doesn't cap damages for cases of actual malpractice, but if there is a frivolous claim, if the liability climate is producing frivolous lawsuits, what we say is this: If you are a hospital or a doctor or a nurse and you practice in accordance with peer reviewed, evidence-based clinical practice guidelines, that there should be a higher standard of proof for that plaintiff to get to a jury trial.

We want a safe harbor for our outstanding medical professionals who practice in accordance with the latest state-of-the-art guidelines on how to take care of patients.

So this does two things. Number one, it raises the standard of care. We are helping people access better, higher-quality medicine in this country with this legislation; and we are cutting out frivolous lawsuits, this litigation lottery that is driving up the cost of health care for all Americans.

This is the kind of reform that, if enacted, would replace ObamaCare with reforms that would actually lower the cost of health care without growing government.

I applaud the efforts of the Republican Study Committee for offering real solutions that will put patients and doctors in charge again and not Washington, D.C.

Mr. WALKER. I thank Representative BARR. Your compassion on this topic is certainly evident. We appreciate your comments this evening.

Mr. Speaker, there are a couple of numbers I would like to share that puts it a little bit in the context of what we are dealing with here. Seventy-five percent of co-ops have failed. In five States, Americans are down to just one option. The great thing about our country's history is that we have choices. We have decisions. Yet, since the takeover of this administration over health care, those choices have continued to reduce. Sometimes you may hear Congress this or Congress that. One of the neat things about Congress is the amount of people coming from diverse backgrounds.

Our next speaker tonight is Representative MIKE BISHOP, former senate majority leader in his home State of Michigan, who was already working on those reforms when he came to the United States Congress.

Mr. Speaker, I yield to my good friend from Michigan (Mr. BISHOP).

Mr. BISHOP of Michigan. Mr. Speaker, I thank the gentleman for his con-

tinued leadership and for the opportunity to rise today to join him and this group in this urgent discussion regarding solutions for our Nation's healthcare crisis.

I do appreciate the opportunity to be with my colleagues tonight and the sense of urgency that I feel from this group to address a very important issue.

Mr. Speaker, since the 2,700-page healthcare law was enacted in 2010, when our colleague from across the aisle absurdly rose and declared that we would know what was in it as soon as we passed it, young adults, families, and seniors have been punished and their policies canceled.

We have seen skyrocketing costs, poor coverage and, clearly, a lack of choices. I hear from constituents every single day who say that the law has not made health care more affordable, as President Obama promised it would.

Instead, healthcare insurance premiums have skyrocketed and are slated to increase again and again—significantly—regardless of what Congress is able to do about the law this year. In fact, those who currently have a plan can expect an average premium increase of 73 percent, while individuals who are just joining will see a 96 percent increase in premiums. Job providers are getting smothered as well.

Prior to joining Congress, I was a member of the private sector, and I can tell you firsthand that small businesses are cutting hours. They are letting go of workers. All of these things they are doing to make room for the ever-expanding healthcare law. It is preventing the economy—small business, which is the backbone of our economy—from growing to its fullest potential.

For all of these reasons, 8 out of every 10 Americans now favor changing ObamaCare significantly or replacing it altogether. What we do know is that doing nothing is not an option. Leaving this alone will result in further costs, further struggles by our families and small businesses, and we will see this whole healthcare law collapse upon itself. I do not believe and I don't think my colleagues believe here today that doing nothing is an option.

Last year in Michigan, deductibles went up an average of \$492 across all bronze, silver, and gold plans. This year our exchange rates will jump 17 percent in the State of Michigan. Families have a budget just like everybody else and they simply cannot absorb that kind of cost increase.

Complicating matters further, insurers like UnitedHealth Group are leaving the exchanges. Private practices are folding and doctors are being forced to retire because they can't financially stay afloat.

□ 1915

I can tell you, from a personal perspective in my own family, I have seen my doctor disappear recently this past year. Seemingly overnight, he retired

and moved away because he could not keep up with the costs of staying in business as a private practitioner.

I had a rheumatologist in my district. He is a very well-respected man who treats many rheumatoid patients in our district. It is a very sad fact. These people count on him every single day of the week. They have been forced out of his practice because they no longer fit into the network. He is forced with compliance costs—overwhelming compliance costs. He has to hire new people to cover the compliance requirements. He doesn't have the same reimbursement rates.

After all is said and done, a private practitioner, a specialist like this, can no longer stay in business; and families like ours, people like you and like me, can no longer continue to have that relationship, that doctor-patient relationship, that very personal relationship that we have had for years. These are real people, doctors, but also families and small businesses in our local communities that are struggling to stay financially afloat. The end result is we are losing good doctors because of the failures of ObamaCare.

Mr. Speaker, when a law has unintended consequences, Congress has an obligation to step up and make things right. In 2017, this will require a collaborative, bipartisan approach to address the issue. This is about finding a pain-free way to move forward with health care in our Nation to ensure our neighbors and our families don't have to struggle to make ends meet because of failed law.

We must act, Mr. Speaker. I want to thank Chairman WALKER for his continued support and his continued leadership on this important issue.

Mr. WALKER. I thank Representative BISHOP of Michigan.

One of the numbers my friend just mentioned was 8 out of 10. Nearly 80 percent, according to Gallup, believe this law should be overhauled or completely repealed. So I ask people watching tonight and my friends across the aisle: Are we to do nothing? In fact, even in the press conference today, President-elect Trump said that, if we did nothing, it would continue to fail. But we have an obligation to stand up and do what is right.

We can't do nothing. People are suffering—in fact, suffering to the place that even recently a couple months ago a Minnesota Governor was honest enough to talk about how it has damaged small business. Goodness gracious, even a former Democratic President has acknowledged the destruction it has caused for individuals and small businesses.

No one knows more about what it does to our States than individual Representatives. One of the fine gentlemen that is speaking tonight is Representative FRENCH HILL. He is one of the sharper minds that we have had as part of the 114th class that I have been privileged to meet and serve with for the last 2 years.

Mr. Speaker, I yield to the gentleman from Arkansas (Mr. HILL).

Mr. HILL. I thank the chairman for yielding and for his leadership to set aside for us to visit with the American people and talk about empowering patients, not politicians.

For 6 years, we have witnessed the failed rollout of the ObamaCare program. We didn't get to keep our plan that we liked, and we didn't get to keep our doctor that we had such a good relationship with. We have seen physicians leave the business. We have spent billions on duplicative, unnecessary exchanges that are now failing across this country. So I commend the Republican Study Committee, and I am proud to be a part of this group to talk about how to bring relief to the American people on the failed ObamaCare law.

I still hear from constituents—even now, 6 years later, from this rolling evolution of ObamaCare—who have seen their coverage lost and their increases in healthcare costs skyrocket. This healthcare regulatory burden that we are talking about tonight has led to droves of part-time jobs instead of full-time jobs and unaffordable group plans for the people who were in a good small business group plan. This regulatory burden is on top of what has been a 6-year to 8-year crushing burden on business from many different agencies from the EPA and beyond.

One constituent wrote my office after he was forced to accept an insurance plan to meet the affordable healthcare law that cost him \$1,300 a month, Mr. Speaker, and he still has to meet two \$2,500 deductibles before the insurance coverage kicks in. Now, that is \$20,600 a year. Mr. Speaker, I was a small businessman before I joined Congress, and we had employees that made \$20,600 a year in our small business. So what is left for the family budget when you are going to spend \$20,000 for health care? That is typical now after the rollout of ObamaCare for a family of four. This is in a place in our country where healthcare costs \$20- or \$30,000 a year in out-of-pocket expenses? Obviously, this system is broken.

Now, in Arkansas, unlike much of the country where people are definitely seeing large, double-digit, or, in some cases, larger increases in the ObamaCare premium, Arkansans, on the exchanges, are seeing lower than those average increases. In my view, this is largely because our Governor and our State legislature are working hard to make the best out of a bad situation and fighting to pursue innovative measures that work best for our small State.

The Arkansas Works program has helped to prevent skyrocketing premiums on the exchanges, and the State is still subject, though, to duplicative reviews by Federal and State agencies and costly and burdensome regulations that have nothing to do with trying to lower the cost of health care for Arkansans.

This week, Governor Hutchinson wrote the House leadership decrying the individual and employer mandates and stressing the need for healthcare reform that provides our States more flexibility—more flexibility, Mr. Speaker—to design programs that fit the needs of people in our State while increasing predictability and affordability. Some of the points Governor Hutchinson made in his letter to our leadership include calling for States having the option of receiving Medicaid funds through a block grant enabling them to tailor the program in the Medicaid population under health care in what fits Arkansas, what Arkansans can afford. In fact, that is our Better Way approach, Mr. Speaker, for the Medicaid population.

He calls for the elimination of the Federal health insurance exchanges. We had exchanges before ObamaCare that can be operated by States in the private sector without Federal interference. Governor Hutchinson called for restricting the duplicative reviews of rate and plan filings by CMS. They are already being done by our individual State insurance regulators. Of course, the thing that drives up costs not only for the Medicaid population, for people on the ObamaCare exchanges, and for people out in the group health plans is the essential health benefits requirement.

Governor Hutchinson says that this has driven up costs for everybody, for government, for families, and that elimination of these requirements would provide flexible options for insurance providers to offer cheaper plans to younger and healthier individuals. That is key to choice, Mr. Speaker.

In some counties, Arkansans now only have one insurance option. I don't think one option is an option. There is no choice. This monopoly or oligopoly pricing combined with the mandates are demonstrating the unaffordability of the Affordable Care Act.

With the recent election, we now have a unique opportunity to recognize these flaws of this one-size-fits-all, Big Government-mandated, top-down approach to health care, reverse course, and, again, bring relief to the American people of this failed law put forth by the Obama administration. Chairman WALKER and the Republican Study Committee have put together a comprehensive plan to repeal ObamaCare and replace this failed law with conservative principles.

Mr. Speaker, Americans want change. We are asking that we design those changes with patients in mind and that we, in fact, in this group—Mr. WALKER, I know you agree—we will read the bill before we pass it.

So the RSC proposal and the Better Way framework outlined by Speaker RYAN are going to bring relief, change, and opportunity that fit with the principles that have guided the Republican Party and the Republican outlook, the Republican Study Committee, which is

we will bring competition and we will bring efforts to lower prices and increase access for the American people.

With that, Mr. WALKER, I commend you again.

Mr. WALKER. If you listened closely there, Representative HILL talked about some of the premiums increasing. If you think back 6, 7, even 8 years ago, even part of the original campaign talking about the Affordable Care Act, this ObamaCare, we think about three promises—we have all heard them—you can keep your doctor, you can keep your healthcare plan, and premiums are going down. Specifically one that stands out more was the premiums going down \$2,500.

My Democratic friends want to ignore some of those numbers, but here are the facts: In 2014, premiums increased across the board 37 percent; 2015, again, last year, 25 percent. In fact, in some States, it is out of sight. In my home State of North Carolina, it is 40 percent. But in some places, in Arizona, it is as high as 116 percent.

So the process of working to put this together, the RSC plan and the repeal and replace, who better than to have people that have experience in this? There is maybe nobody better in the House who has the insurance background than our friend, Representative AUSTIN SCOTT from Georgia's Eighth District.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. AUSTIN SCOTT).

Mr. AUSTIN SCOTT of Georgia. Mr. Speaker, there is something I very much want to speak on. I rise today on behalf of my many constituents back in Georgia's Eighth Congressional District who have been negatively impacted by ObamaCare.

It is pretty clear to the vast majority of us that the attempt to fix our Nation's healthcare problems by inserting more Federal control into the system has simply failed. There are some counties in the district that I represent in middle and south Georgia that are down to just one—maybe two—insurance providers that people can choose from. That is not competition, and that is not affordable. It is not even a choice really, and it is certainly not “if you like your plan you can keep it.”

My colleagues and I on the Republican Study Committee have worked for a couple of years, and we have offered a plan to repeal ObamaCare and replace it with patient-centered reforms and free-market solutions for American citizens.

The American Healthcare Reform Act is not just about repealing ObamaCare. It is about fixing problems that existed in the healthcare system before ObamaCare and problems that, quite honestly, were made worse by ObamaCare. There is a lot of talk about what is in the bill that is a problem. I would like to talk just a second today about what is not in the bill that is a problem.

Mr. Speaker, the President, by leaving the health insurance industry ex-

empt from the antitrust laws of the country, created a bigger problem than we had prior to the healthcare bill going in place. That's right. I want you to hear what I said. Under ObamaCare, health insurance providers are exempt from the antitrust laws. These are the very laws that are designed to promote competition for the benefit of the consumer.

How is it that ObamaCare can mandate that Americans purchase a product from an industry that that very bill left exempt from playing by the rules? Why did the President and the Democratic leaders leave the health insurance industry exempt from the antitrust laws in the bill? I have asked these questions over and over. It is baffling to me. It means the big boys can play and the little man has to pay.

I wish somebody from the press would ask that question. I don't understand why the press doesn't ask the Democratic Party: Why did you leave the health insurance industry exempt from the antitrust laws of the country? It is a question the President should answer.

The American Healthcare Reform Act reverses that. Our legislation injects much-needed competition into the health insurance marketplace by eliminating the antitrust exemptions for the insurance providers. By applying the antitrust laws to the insurance industry, we are making the market more competitive which, in turn, will drive down premium cost, increase choice, and does so without adding any new taxes.

I hope the American Healthcare Reform Act will serve as the baseline for discussions on how to repeal and replace ObamaCare, bring about debate on how to lower healthcare costs, and allow for input from both sides of the aisle, which is something ObamaCare did not do. Along the way, Mr. Chairman and Mr. Speaker, I sure do wish the press would ask the President and the Democratic leadership: How could you do that to the American citizens?

Mr. WALKER. Representative SCOTT, well articulated. I appreciate your heart on this.

Looking at this and tackling this project because of the 2,600 pages of complexities, I guess we don't need to reiterate it, but how the minority leader said that we needed to pass this law to be able to figure out what is in it.

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Obviously, it is more than just a running joke. With the people in the background, what does it take to kind of wrap our minds around it and to wrap our arms around it so as to find our way back? It takes people with medical experience, and it takes people with budget experience. This is going to be huge.

One of the Members we have here with us tonight is the vice chair of the Committee on the Budget, someone who has great concern about the damage that this has caused to the fine

folks of Indiana, whom he represents. It is my privilege to yield to the Representative from Indiana, TODD ROKITA.

Mr. ROKITA. I thank Chairman WALKER for organizing the time tonight, and I congratulate the gentleman on leading this organization. I look forward to working with him.

Mr. Speaker, we could all stand up here and take the barbs that have been leveled by some as to how we don't care about people or how we are this or that or how we are just focused on the numbers. Nothing could be further from the truth. We could sit idly by and watch this terrible, insidious law continue to implode, to continue to hurt more and more Americans—insidious because it is built on lies, like you can keep your doctor if you want to, like you can keep your health plan if you want to—not true in any case. Instead, we are here tonight, talking with the American people about “what could be” when we first get rid of this terrible law—something that many of us have voted on 60 times or more to do. We now have a real opportunity with not only a Republican House, but a Republican Senate, and with a President who is willing to work with us.

The verdict is in. In Indiana alone and in my district, I have met person after person who has horror stories about the failure of ObamaCare.

I spoke with Anna, whose husband, Jack, survived stage IV cancer. With Jack's cancer only having a 30 percent survival rate, it is crucial that he has effective doctors who know how to treat and how to work the problem. Instead, Anna's doctor quit practicing medicine—well before his planned retirement age—due to the burdensome costs of ObamaCare, which is something that the gentleman from Georgia also mentioned.

It is not just doctors who are unable to perform their duties—their profession—under this insidious law, but also insurance companies that are withdrawing from the market as we speak. Last year alone, we saw Indiana's exchange lose 50 percent of its health insurance carriers due to regulations of ObamaCare. This included IU Health, which covered almost 30,000 Hoosiers. This lack of options means that healthy Hoosiers are being forced to pay for coverage that they don't want, that they don't need, and that, in fact, may do more harm than good.

I spoke with Mark from Tippecanoe County, in my district, who talked about the harmful impact of ObamaCare. He stated that he was forced to buy insurance with only four doctors listed as providers for the entire county. What good does this insurance do Mark or the rest of us if he can't even use it and schedule an appointment?

I am very proud to have worked on this Republican Study Committee with the Health Care Task Force, led by my good friend, Dr. PHIL ROE of Tennessee. Over a period of a year or so, we have

put together a plan that is a very real, patient-centered, consumer-focused, free market-driven replacement for ObamaCare, but with one big difference—our plan would work because it harnesses the value that we all have innately as Americans and, really, as humans, which is the ability to value price once we have the information.

If I left this Chamber and, God forbid, I broke my leg on my way down the steps, I wouldn't worry too much about where I was going—just to the nearest emergency room. But that is not most of our healthcare transactions; that is not most of our healthcare decisions. Most of our healthcare decisions can be made by attaching value to the services and products that we want. We do it in every other part of our consumer-driven life. Why can't we finally do it with health care? That is what people like Dr. PHIL ROE have practiced in medicine their entire lives. That is what he has taught me. That is what we know as American consumers. Why can't we be trusted to do that with our health care?

Whether the intent is malicious, whether the intent is malign, the intent of the people who support ObamaCare—that insidious law—is wrong. It says: just give your life over to these few people, and let them run it for a while, and everything will be fine. Unfortunately, throughout not only American history, every time it has been tried here and every time it has been tried in world history, it has failed. Control over the individual has failed, and it will do the same, as we are seeing every day now, with regard to our health care.

Let's repeal this insidious law, and let's get back on the track of replacing it with something that we all can trust, beginning with ourselves.

I thank the chairman for his leadership.

Mr. WALKER. I thank Representative ROKITA.

Mr. Speaker, as I was sitting here, I just received a text from a volunteer fire department official right outside of Charlotte, North Carolina. He writes that they were watching the proceedings this evening:

I just want to let you know that even my drug prescription has gone up \$200 out of pocket per person.

He has three daughters in his family.

Think about this. This is real-life stuff. That is why we are stepping in. Part of our plan in the repeal and replacement—the American Health Care Reform Act—allows you to have immediate access to your health savings account. You would not have to worry about somebody's needing a prescription or somebody's needing medicine—one of the children—and, every time, it is \$200 out of pocket. That is why it is important to move—and to move with diligence.

Someone who knows a little bit about the healthcare industry is my friend Dr. BRIAN BABIN of Texas, who has been dealing with this in his own

dentist's practice. He is a former veteran and is someone who cares about his district but who cares about all Americans. It is my privilege to yield to my friend from the great State of Texas, the Lone Star State, Dr. BRIAN BABIN.

Mr. BABIN. I thank the gentleman from North Carolina, my good friend and RSC chairman, MARK WALKER, for this Special Order opportunity tonight.

Mr. Speaker, Americans are hurting right now with their health care. ObamaCare supporters are quick to point out some Americans who have actually been helped by ObamaCare. After spending over \$1 trillion of borrowed money, I would certainly hope that there are at least some people who have been helped by this terrible law that was forced on us over 6 years ago by the Democrats and without one single Republican vote.

Thousands of my constituents are demanding to be rescued from ObamaCare. They have shared their individual stories with me about how it has hurt them—higher premiums, excessive deductibles—how it has disrupted cancer treatments, forced them to change doctors, and how it has even cost many their jobs.

Here is what real people are saying—my constituents. This is what they are telling me:

A young couple with three children, living in Tyler County, Texas, shared how their premiums have gone up year after year. They began with a \$900 monthly premium and with a \$2,500 deductible. The very next year, the premium went to \$1,100, and the deductible went up to \$5,000. Then, in 2015, they were forced from a PPO into an HMO at \$1,000 a month with a \$6,600 deductible. These are individual deductibles. That is \$33,000, plus the \$12,000-per-year premium. That is an extraordinary burden on a young family. This family tells me about their problem every time they see me, and they see me a lot because this is my daughter and my son-in-law and my three grandchildren.

Gale in Deer Park, Texas, and Alisa from Crosby, Texas, wrote to tell me how their ObamaCare mandates have forced their employers to cut their work hours. They are losing hundreds of dollars in income each and every month. This 30-hour mandate means that this college student has lost out on hundreds of dollars in pay that she could have earned over the recent Christmas break.

Tim in Baytown, along with several others, wrote to share with me that it cost him his job. Paul from Harris County and Frank in Jasper shared how they have been significantly experiencing higher costs and a decrease in coverage. Roy in Pasadena says that his deductible is now over \$12,000. Ben and Carol, like thousands of others in southeast Texas, have had their healthcare plans canceled.

This calamitous unaffordability and poor coverage have inundated folks ev-

erywhere, like Linda in Vidor, who have to choose between their medications and food; like folks in El Lago—David and Sheryl—and Brian in Houston. It continues to tragically affect folks every single day. Sharell from Jasper County has faced a doubling of her premiums, and Carol in Baytown shared how she has seen substantial increases in her premiums and her deductibles.

Retirees who have worked their entire lives, like Jack from Orange and Glenda from Hardin County, wrote to tell me how they are finding it difficult to afford their healthcare costs. Let's not forget that ObamaCare cut hundreds of billions of dollars and services from Medicare, hurting the elderly.

Many who are sick have reached out to me, such as Randal of Harris County, who had their medical treatments disrupted by ObamaCare. I hear all the time the firsthand accounts of hard-working folks who are at their wits' end under this monstrosity.

I am voting to repeal ObamaCare in order to provide relief to Brian, Brad, LaLa, Gale, Alisa, Abby, Tim, Paul, Frank, Roy, Linda, David, Sheryl, Brian, Sharell, Carol, Jack, Glenda, Randal, and the tens of thousands more Texans just like them.

Perhaps Paul in Deer Park sums it up the best:

It made it worse for me. It increased the costs, and it decreased my coverage.

That is the story I have heard for 6 long years, and it is why this failed program must be repealed and replaced with a plan that restores healthcare freedom to all Americans—health plans that are affordable and that meet their families' needs—a plan that they choose, not the Federal Government. Americans need relief now.

Mr. WALKER. I thank Dr. BABIN. I appreciate that spirited, heartfelt talk. In my previous vocation, we would usually call for an invitation at about this time.

Mr. Speaker, this is not just a problem in red States; this is a problem in blue States, like it is with my good friend from the First District of California, Representative DOUG LAMALFA, to whom I yield as he shares a little bit of his heart when it comes to ObamaCare and the repeal.

Mr. LAMALFA. I really want to thank Chairman WALKER of the RSC, the Republican Study Committee. I greatly appreciate the gentleman's leadership on this event here tonight as well as the great job the gentleman is doing on the Committee.

Mr. Speaker, we have had alternatives to the Affordable Care Act ever since I have been here. The American Health Care Reform Act, as put forward by the Republican Study Committee, has many of the elements we have all been talking about for several years: with the Affordable Care Act being forced upon Americans not in a bipartisan effort but strictly by the votes of one party when they had the majority—the ability—to force it

through. We are suffering the effects of that now.

One of my colleagues earlier was talking about: Why isn't this being reported? Why isn't this being talked about in the broad sense of how it is really affecting the Americans who are paying for it?

People in my district, ever since I have been a Member of this House, have been pleading with us to do something about these high premiums, about the high deductibles, about the lack of access they have, especially in rural areas. Why are the proponents continuing to prop this up? It is clear that it doesn't work: higher costs, fewer options, unworkable plans. The exchanges—we have watched in several States—most of them, after billions in investment, are shuttering; they are closing up shop. Where do those billions go that we have invested as a country into these exchanges?

□ 1945

But on a patient level, it is putting even more of our most vulnerable patients on a system already known to be unsustainable without even ensuring access to quality care. In some cases, no care at all.

How are people defining that as a success?

We know that the main reason why so many people are uninsured is the high cost of coverage. But instead of investing vast amounts of money to bring more people into a broken system, let's take this opportunity to start fixing the root of the problem.

One, this is done by increasing competition, giving patients more options, choices. Mr. Speaker, give them a menu of options they can pick themselves, tailor the plan to what they need. A 20-year-old young man has a completely different need than a 30-year-old mom and her family. Let them have the choices.

Also, let's get rid of the costly mandates, the taxes. There are taxes on everything, it seems, to help prop up ObamaCare, the Affordable Care Act, including the cost for students for college. They are paying for some of that.

Then let's build off successes that we have seen in the past and that are part of the proposal of the Republican Study Committee and the American Healthcare Reform Act. That could help fill our gaps in the healthcare delivery system.

Community health centers, for example, is a model that is both cost effective and efficient in expanding access to care services in underserved areas, very rural ones, such as my own district at home.

Healthcare reform affects the lives of every single person in this country, which is why it is high time that we put the health and well-being of the American people ahead of partisan politics and legacies.

Let's get to work and deliver actual solutions that empower patients, drive down the costs, and increase access to

care in every part of the country. Let's give back to Americans: "Keep your plan that you like, keep your doctor that you like."

So it is time to stop the partisan squabbling over it and the deception that has gone on for what is indeed for some a bad legacy of the American people.

Mr. WALKER. Mr. Speaker, I yield to the gentleman from Florida (Mr. YOHIO), our resident veterinarian in the House.

Mr. YOHIO. Mr. Speaker, I thank the gentleman from North Carolina (Mr. WALKER) for hosting this Special Order. The American people have spoken, and it is time. The ACA, the Affordable Care Act—which it is not, and we know that.

I want to take you back, a little history here. Back prior to 2009, before the Affordable Care Act came out, 85 percent of the people in America had health insurance either through their employer or on their own. Fifteen percent did not have health insurance.

Yet, Congress, in their infinite wisdom, instead of fixing it for the 15 percent and getting them into the pool of people that had health insurance, said: No; we are going to change it. We are going to change it and disrupt the whole healthcare market and 20 percent of our economy.

This is the epitome of legislative malpractice. This Congress was controlled by one party, the Democratic Party, through the House, the Senate, and the executive branch. They passed a 2,900-page bill at the end of the year that nobody read. You can't do that in any other business without going to jail.

President Obama sold us a bill of goods on a lie. If you want to keep your doctor or your insurance, you can and your price will go down \$2,500.

Let me share three real-life stories. One was a 54-year-old man that came into our office, single, making a six-figure income, could afford insurance. He was going through the exchange. He changed his plan and wanted to pay for it right then. They said: Don't worry about it, we will send you a bill. They never sent him a bill, and his insurance got canceled. He could not buy insurance because it was through the exchange and the sign-up period had expired. He got fined whatever the fine was. He got fined trying to do the right thing.

Another one is a friend of mine who owns a restaurant franchise. He has 500 employees. He says: I can't afford to pay for the health insurance. So he moved people from working 32 or 40 hours a week down to 26 hours.

I could tell you a real personal story about a couple I know real well. They came to Congress. Their policy got canceled. Their premiums went up by over \$11,000. Their deductibles went up and their coverage went down. I know that couple real well because it is my wife and myself.

The American people have spoken and given us the majority for a reason,

and that is to fix health care and allow the best healthcare providers, the best medicine, the best research and the institutions in America to provide that for all Americans and deliver that care to all Americans.

The Republican Congress has a better way, and it starts with putting health care back into the hands of the physicians to the patients. It has a better way increasing access, the cure, the quality at a lower cost with a stable transition so no one is left out. And it starts with the repeal of ObamaCare.

I appreciate Chairman WALKER doing this. This is a message we are going to drive home and home and home. We are going to fix this, and the American people will be better off and our economy will be better off.

Mr. WALKER. Mr. Speaker, we talk about numbers. Twenty-five percent of all Americans have been damaged at some point under this Affordable Care Act. We cannot look the other way.

One gentleman who doesn't look the other way but stands up and speaks the truth is Representative PETE OLSON.

I yield to the gentleman from Texas (Mr. OLSON).

Mr. OLSON. Mr. Speaker, my friend knows the American people spoke on November 8th. They gave our party control of the entire Congress and the White House because of the job-killing, promise-breaking law known as ObamaCare.

This was a repeal mission for almost 7 years, but now it has become a rescue mission. It is to rescue Americans like Andrea from my home in Texas in the 22nd Congressional District.

She wrote me this letter last week:

"I'm a 42 year-old legally blind single parent in Sugar Land, self-employed working very hard to rear two great kids ages 15 and 13. I have a master's degree in education and work extremely hard to provide a stable, comfortable life for the kids. In doing so, I have invested time and money into my own healthcare because the kids need me to be healthy.

"I lost my right eye a few years ago to complications from ROP (too much oxygen at birth) and my left eye is severely impaired with potential for complications that would need immediate specialized care.

"I have different specialist doctors for different issues related to each eye. Additionally, I am a kidney cancer survivor (RCC) which also requires specialist follow-up. For those reasons, and others, I've spent time and effort getting drivers to take me to specialists to develop rapport, trust, and history with specific physicians.

"They are the best doctors in their respected fields, and my trust in them is important with this type of care.

"I don't have the PPO option now for my healthcare in 2016 through the ACA. The HMO's and EPO's being offered are not being accepted by my doctors.

" . . . among the needs of many others in similar situations as my own,

my remaining eyesight and renal function should never be less important than anything in politics. And while I know that there are many, many people in this same boat, for today, while I write this letter, it's about my kids getting to keep their mom and about me keeping the ability to see them grow up.

"I write because it needs to be said and needs to be heard and needs to be ACTED on.

"... in the past I've paid a lot and had my share of insurance issues, but at least I could choose my own doctor. At least in crisis (which I've had) I went straight to the doctor who knew me and my history and they could resolve it without a referral and delay after delay after delay.

"HMO might work for some, but not for those who don't want one.

"I'm not asking for a hand-out. I am asking for reasonable choice of a basic PPO for which I have paid for in past and am asking to have the option to pay for now. I'm not writing just to vent—I'm asking for some kind of solution to this train wreck of healthcare options or lack thereof.

"If President Obama thinks this is actually working, he's more blind than me."

Andrea, we have a plan to help you up. It is called A Better Way. How about this: Allow coverage across state lines, expand opportunities for pooling, make coverage portable, Medicare laws reformed, and preexisting condition protections.

That is a better way. That is what the American people deserve. We will keep fighting for Andrea and people like her.

Mr. WALKER. Mr. Speaker, who better to close out our Special Order than a gentleman, a doctor who has employed hundreds of people and has worked with thousands of patients?

You may have heard the false narrative that, yes, we have contributed in breaking the program, from the Democrat's perspective, and you guys need to fix it, but you don't have a plan.

Well, that is a false narrative and here to tell you why is Dr. PHIL ROE.

I yield to the gentleman from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. Mr. Speaker, I stand here in the well of the House tonight remembering 8 years ago when I stood here. I am the only one, other than PETE OLSON, that was here that has spoken tonight.

I actually left my medical practice of 31 years. I have been a physician—it is hard to believe—46 years. I ran for Congress because I wanted to be involved in the healthcare debate. I realize that the American people needed healthcare reform.

One of the most disappointing things I have had since I have been in the U.S. Congress was, when I showed up here, I naively thought that people cared what I thought. I found out I was wrong about that.

We had nine physicians in the Doctors Caucus on the Republican side in

2009, and not one of us was asked one thing about that healthcare bill. Not one Republican amendment to that bill that would have made it better was ruled in order.

So it was passed on one-party rule, and now the Democrat party owns it. Unfortunately, patients own it. And that is what I came here to do, was to try to help people.

I had spent 31 years of my life in the small town of Johnson City, Tennessee, practicing medicine and trying to do a good job for patients that I saw every single day.

You have heard it many times before: If you liked your doctor, you can keep it. We are going to reduce your premiums by \$2,500.

The President also said that I will go over this bill line by line with anyone who wants to. We asked to do that on multiple occasions, and I am still waiting for my cell phone to ring.

So we have heard over and over and over again that the Republicans have no ideas. Two Congresses ago we were challenged and asked to write a Republican alternative to the Affordable Care Act, and we did just that.

I want to show you out there tonight—those of you who are watching—this is the bill right here. It is a 184-page bill. You can read it in an hour or so or less than that.

I read the entire Affordable Care Act. I felt like I should. I didn't pass it and see what was in it. I actually read it ahead of time.

We had healthcare reform in Tennessee in the nineties called TennCare. I wrote the epitaph on this bill with MARSHA BLACKBURN in 2010, if anyone is interested in reading that.

So what did we do with this bill?

With the Affordable Care Act, the Federal Government said: You will purchase 10 essential health benefits or your insurance is no good. You have to get rid of it.

And this 10 essential health benefits cost, in many cases, is a lot of money.

Then what do we do?

We passed a tax, a mandate, a fine, a penalty, whatever Judge Roberts decided he wanted to decide that it was, or define it, I should say. But here we are passing a mandate for people to purchase something they can't afford. I find that astonishing that you tax people for something they cannot buy.

So what our bill did was repeal the Affordable Care Act. It then massively expanded health savings accounts. Look, there are Indian tribes out there that use the Indian Health Service that can't have an HSA. There are disabled veterans that can't have an HSA. There are retired people that can't have HSAs. We expanded that. I have used them in my own practice for patients. I use one myself.

We used high-risk pools, and we expanded ERISA benefits to help offset preexisting conditions. Quite frankly, I think in two paragraphs I could have done two-thirds of what the Affordable Care Act did, which is expand Med-

icaid, which is a system that needs to be reformed, and allowed 26-year-olds to stay on their parents healthcare plan.

□ 2000

We also allow you to buy across State lines with association health plans, malpractice reforms, and transparency. It is a very simple, patient-centered bill. We have said this before, our bill is open for amendment. If a Democrat has a good idea, I am open to listen to it. The main thing is I want patients and doctors to be in charge of their healthcare decisions.

Mr. Speaker, I appreciate the opportunity to be here tonight, and I look forward to going into much more detail about the details of this particular bill.

Mr. WALKER. Mr. Speaker, the bottom line to the American people is this: it is time to return healthcare choices to the American people.

God bless and good night.

Mr. Speaker, I yield back the balance of my time.

PRESIDENT OBAMA'S LEGACY

The SPEAKER pro tempore (Mr. FITZPATRICK). Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Arizona (Mr. FRANKS) for 30 minutes.

Mr. FRANKS of Arizona. Mr. Speaker, one of the most important elements of this Republic is the ability of the people to understand and to remember the public actions and record of those they elect. This is vital to government accountability, to historical accuracy, and to the future direction of the future generations of this country.

So, Mr. Speaker, what follows is the record and legacy of President Barack Obama.

Last night, Mr. Speaker, President Barack Obama gave his farewell address to the Nation. In his speech, President Obama praised American exceptionalism for the very first time since his Presidency began. Unfortunately, Mr. Speaker, much of the remainder of the President's speech was far removed from reality.

Mr. Obama implied that his Presidency had increased trust and respect for America. Yet, the truth is that under Mr. Obama's Presidency, the trust and respect that both friend and foe alike previously had for America has been demonstrably diminished across the world. Mr. Obama, in fact, weakened our economy and led the most anemic military campaign in our history. So, Mr. Speaker, let us now recall the grand promise of candidate Barack Obama, bedecked with Greek columns and the rhetoric of bipartisan unity as it was, and let's compare it to the actual legacy of President Barack Obama, the partisan heckler at home and the lead from behind, apologize for America, academic abroad who was evermore eager to force Catholic nuns to buy birth control than he was to fight the ruthless butchers of the Islamic State.